



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
GEOLOGICAL SURVEY AND RESOURCE  
ASSESSMENT DIVISION  
(573) 368-2165

## ABANDONMENT REGISTRATION RECORD

|   |             |                                   |  |
|---|-------------|-----------------------------------|--|
| <b>OFFICE USE ONLY</b>  |             | DATE RECEIVED                     |  |
| REF. NO.  |             |                                   |  |
| C.R. NO.  |             | CHECK NO.                         |  |
| STATE WELL NUMBER   |             | TRANSMITTAL NO.                   |  |
| ENTERED<br>Ph 1                      Ph 2                      Ph 3 | APPROVED BY | ROUTE<br>/                      / |  |

### INFORMATION SUPPLIED BY WELL OR PUMP INSTALLATION CONTRACTOR

|  |  |             |  |                                    |      |
|--|--|-------------|--|------------------------------------|------|
| OWNER NAME                                     |  | TELEPHONE   |  | VARIANCE NUMBER<br>(IF APPLICABLE) |      |
| OWNER ADDRESS                                  |  | CITY        | STATE  | ZIP CODE                           |      |
| ADDRESS OF WELL SITE (IF DIFFERENT THAN ABOVE) |  | CITY        | STATE  | ZIP CODE                           |      |
| SITE NAME                                      |  | WELL NUMBER | INFORMATION VERIFIED BY OWNER<br>SIGNATURE (WELL OWNER) <b>X</b> |                                    |      |
|  |  |             |  |                                    | DATE |

|   |                                  |   |                                 |  |  |
|---|----------------------------------|---|---------------------------------|--|--|
| SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS<br>OR HIGHWAYS | LOCATION OF WELL                 |   | AREA _____                      |  |  |
|   | LAT. _____ ° _____ ' _____ "     |   | ELEV _____                      |  |  |
|   | LONG. _____ ° _____ ' _____ "    |   | COUNTY _____                    |  |  |
|   | SMALLEST _____ ¼ _____ ¼ _____ ¼ |   | LARGEST _____ ¼ _____ ¼ _____ ¼ |  |  |
|   |                                  | SEC. _____ TWN. _____ N RNG. _____ E OR W |                                 |  |  |

|  |                |
|--|----------------|
| DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL SITE | DRILLER NOTES: |
|  |                |
|  |                |

### ABANDONMENT INFORMATION

|  |  |                             |  |  |  |                                 |  |
|--|--|-----------------------------|--|--|--|---------------------------------|--|
| FORMER USE OF WELL                           |  | ORIGINAL DRILLER (IF KNOWN) |  | DATE ORIGINALLY DRILLED (IF KNOWN)                                 |  | STATIC WATER LEVEL              |  |
| <input type="checkbox"/> HAND DUG            | <input type="checkbox"/> IRRIGATION  |                             |  |  |  |                                 |  |
| <input type="checkbox"/> DOMESTIC            | <input type="checkbox"/> SOIL BORING/GEOPROBE  |                             |  |  |  |                                 |  |
| <input type="checkbox"/> MULTI-FAMILY        | <input type="checkbox"/> MONITORING  |                             |  |  |  |                                 |  |
| <input type="checkbox"/> PUBLIC WATER SUPPLY | <input type="checkbox"/> MINERAL EXPLORATORY TEST HOLE   |                             |  |  |  |                                 |  |
| <input type="checkbox"/> HEAT PUMP           | <input type="checkbox"/> OTHER _____   |                             |  |  |  |                                 |  |
| GROUT INSTALLATION METHOD                    |  | GROUT MATERIAL USED         |  | HOW MANY GALLONS OF WATER MIXED<br>PER BAG OF CEMENT OR BENTONITE? |  | NUMBER OF BAGS OF<br>GROUT USED |  |
| <input type="checkbox"/> GRAVITY             | <input type="checkbox"/> NEAT CEMENT <input type="checkbox"/> BENTONITE  |                             |  |  |  |                                 |  |
| <input type="checkbox"/> TREMIE              | <input type="checkbox"/> HI-EARLY <input type="checkbox"/> SLURRY <input type="checkbox"/> GRANULAR <input type="checkbox"/> OTHER |                             |  |  |  |                                 |  |
| <input type="checkbox"/> EXCAVATION          | <input type="checkbox"/> TYPE 1 <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS _____                              |                             |  |  |  |                                 |  |

|  |  |  |  |                                  |  |   |  |
|--|--|--|--|----------------------------------|--|---|--|
| TYPE OF FILL MATERIAL USED   |  | AMOUNT OF FILL MATERIAL USED                             |  | CIRCLE ONE                       |  | DEPTH TO TOP OF FILL MATERIAL<br>FROM THE SURFACE |  |
| <input type="checkbox"/> GRAVEL <input type="checkbox"/> AG-LIME   |  |  |  |                                  |  |   |  |
| <input type="checkbox"/> SAND <input type="checkbox"/> OTHER _____   |  |  |  |                                  |  |   |  |
| MULTIPLE WELLS<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  | WELL CHLORINATED<br>BEFORE PLUGGING?                     |  | AMOUNT USED FOR THE CHLORINATION |  | DATE WELL WAS PLUGGED                             |  |
|  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |  | _____ GALLONS OF CHLORINE        |  |   |  |
| WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO<br>A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  | _____ POUNDS OF CHLORINE         |  |   |  |
|  |  |  |  | _____ TABLETS OF CHLORINE        |  |   |  |

IF YES, WHAT IS THE NAME OF THE WATER DISTRICT: \_\_\_\_\_

REASON WELL WAS PLUGGED \_\_\_\_\_

|         |  |
|---------|--|
| REMARKS |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |

I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS PLUGGED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE PLUGGING OF WELLS.

|                                |               |                        |               |      |
|--------------------------------|---------------|------------------------|---------------|------|
| SIGNATURE (PRIMARY CONTRACTOR) | PERMIT NUMBER | SIGNATURE (CONTRACTOR) | PERMIT NUMBER | DATE |
| <b>X</b>                       |               | <b>X</b>               |               |      |